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**APPLICANTS**

Joseph M. Almasian, Westford, MA;  
 Brett M. Belongia, North Andover, MA;  
 Frank Lentine, Bedford, MA;  
 Martin Morrissey, Beverly, MA;  
 Curtis Nauseda, Somerville, MA;  
 Chau Nguyen, Dorchester, MA;  
 Stephen Proulx, Boxborough, MA;  
 Naren Renganath, Burlington, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

STERILE CONNECTOR

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